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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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2022 NO

LLC REGISTERED AGENT CHANGE FENRIR UNITED LLC

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MON 1 7 2022 (Brumble:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $^{\Lambda}$

- -4.

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ame of the limited liability company: Fenrir U				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	λ	failing address of limit (Note: MAY BE POS	
	11/00/2022			0490042	····
2	11/09/2022		LZZUU	0480942	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	:	
	3152 CLUB DR				
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS)</u>			
	MIRAMAR BEACH	_{FL} 32550			
(b)	Registered Agents Inc				2022
(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:		
	7901 4th St N				AN FILE 2022 NOV 1 6 SECTIONS ATTAILS STA
	NEW Registered Office Address:				3 3 3 3 3 3 3 3 3 3
	STE 300			_	32 %
	St. Petersburg	_{FL} 33702			<u> </u>
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	of the regis Hiability cors of the limi	tered office mpany, it is ited liability	e and the business of s hereby confirmed y company or as otl	office of the registered that the change(s)
Sign	ature of a member or authorized representative of a member			Printed or typed name	of signee
provis the ob to met	eby accept the appointment as registered agent and c sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	ete nertarma	mee of my i	duties, and Lam fai	miliar with and accept

- Assistant Secretary

Bill Havre

Signature of Registered Agent